

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-027204

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 032 Primary Registration District No. 4042 Registrar's No. 59

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED AUG 5 1963

1. PLACE OF DEATH a. COUNTY BOLLINGER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI , COUNTY SCOTT	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LUTESVILLE		Length of stay in 1b 1WK	c. CITY OR TOWN SCOTT CITY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BOND NURSING HOME		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) —
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First HUGH Middle HIRAM Last WARD			4. DATE OF DEATH Month JULY Day 27 Year 1963		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH OCT 14, 1880	9. AGE (last birthday) 82	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (City and state or country) UNION CO. ILLINOIS	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME GEORGE WARD		13b. MOTHER'S MAIDEN NAME NETTIE	
14. NAME OF HUSBAND OR WIFE NANCY RHODES WARD (DEC'D)		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. —	
17. INFORMANT Clarence Ward Scott City, Mo.		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia		INTERVAL BETWEEN ONSET AND DEATH 4-5 days	

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Uremia et Obstruction Sigmoid Colon		7-10 days	
		DUE TO (c) Primary carcinoma Sigmoid Colon		unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour — a.m. — p.m. Month, Day, Year 7/23/63	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Lutesville Mo.	
20g. COUNTY		20h. STATE	
21. I attended the deceased from 7/23/63 to 7/24/63 and last saw him alive on 7/24/63 Death occurred at — on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Mary Keitas, DO		22b. ADDRESS Lutesville Mo.	
22c. DATE SIGNED 7-30-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-29-63	23c. NAME OF CEMETERY OR CREMATORY FAIRVIEW CEM.	23d. LOCATION (City, town, or county) (State) NEAR ARBOR, MISSOURI
24. FUNERAL DIRECTOR Displinghoff Funeral Home		25. DATE REC'D. BY LOCAL REG. 8/2/63	
26. REGISTRAR'S SIGNATURE McBeford Clades			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Alvin C. Amick

Licensed Embalmer No. 4470

P. O. Address

Illmo, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.